

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/546621 *Booker*

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			/			
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←	2	←		←	
TOTAL CLAIMS		31				
		33				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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100						
TOTAL IND.		↓	↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						